## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

MM 4451

| CLAIMS AS FILED - PART I (Column 1) (Column 1)                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                |              |                              | SMALL ENTITY on 2) TYPE |        |                     |                        | 0.0       | OTHER THAN OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------|--------------|------------------------------|-------------------------|--------|---------------------|------------------------|-----------|----------------------------|------------------------|
| TC                                                                                                                                                                                                                                                                                                                                                                 | TAL CLAIMS                                     | ~                                         |                |              | (Column 2)                   |                         | ı      |                     |                        | OR<br>1 1 |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           | #3             |              |                              | •                       |        | RATE                | FEE                    |           | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                                                                |                                                |                                           | NUMBER FILED   |              | NUMBI                        | ER EXTRA                |        | BASIC FEE           | 355.00                 | OR        | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                            |                                                |                                           | ් minus 20=    |              | • 0                          |                         |        | X\$ 9=              |                        | OR        | X\$18=                     | 0                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           | / minus 3 =    |              | 2                            |                         |        | X40=                |                        | OR        | X80=                       | 0                      |
| MU                                                                                                                                                                                                                                                                                                                                                                 | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT         |              |                              |                         |        | +135=               | 135                    | OR        | +270=                      | 270                    |
| * If                                                                                                                                                                                                                                                                                                                                                               | the difference                                 | in column 1 is                            | less than ze   | ro, ente     | r "0" in column 2            |                         | ,      | TOTAL               |                        | OR        | TOTAL                      | 980                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                |              |                              |                         |        | '                   |                        | •         | OTHER                      | THAN                   |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                |                | (Colu        |                              | (Column 3)              |        | SMALL ENTITY        |                        |           | SMALL                      |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA        |        | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus          | **           |                              | =                       |        | X\$ 9=              |                        | OR        | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    | *                                         | Minus          |              |                              | =                       |        | X40=                |                        | OR        | X80=                       |                        |
| L                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                |              |                              |                         |        | +135=               |                        | OR        | +270=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                |              |                              |                         |        | TOTAL               |                        | OR        | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                |                | (Colu        | mn 2)                        | (Column 3)              |        | ADDIT. FEE          |                        |           | ADDIT. FEE                 |                        |
| _                                                                                                                                                                                                                                                                                                                                                                  |                                                | CLAIMS                                    |                | HIGI         | HEST                         |                         | 1 1    |                     | ADDI-                  |           |                            | ADDI-                  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                        |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVI        | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA        |        | RATE                | TIONAL<br>FEE          |           | RATE                       | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | * .                                       | Minus          | **           |                              | =                       |        | X\$ 9=              |                        | OR        | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    |                                           | Minus          | ***          |                              | ]=                      |        | X40=                |                        | OR        | X80=                       |                        |
| L                                                                                                                                                                                                                                                                                                                                                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                |              |                              |                         |        | _                   |                        |           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                |              |                              |                         |        | +135=               |                        | OR        | +270=                      |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                |              |                              |                         |        | TOTAL<br>ADDIT. FEE |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | (Column 1)                                |                |              | mn 2)                        | (Column 3)              |        |                     |                        |           |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                                                                        |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA        |        | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                    | Total                                          | *                                         | Minus          | **           | •                            | =                       |        | X\$ 9=              |                        | OR        | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | Independent                                    | *                                         | Minus          | ***          |                              | =                       |        | X40=                |                        |           | X80=                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEI    | PENDEN       | T CLAIM                      |                         |        | 7,40~               | <del></del>            | OR        | 700=                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                    | If the entry in eath                           | mn 1 is less than t                       | ha antarin act | ımn Oid      | 10 "O" in                    | lumn 2                  |        | +135=               |                        | OR        | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                           |                |              |                              |                         |        |                     |                        |           |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                    |                                                | imber Previously P<br>nber Previously Pa  |                |              |                              |                         | er foi | ınd in the anı      | nropriate bo           | x in co   |                            |                        |